## PEER REVIEW HISTORY



## ARTICLE DETAILS

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| **TITLE (PROVISIONAL)** | Mantra Meditation Programme for Emergency Department Staff: A Qualitative Study |
| **AUTHORS** | Lynch, Julie; Prihodova, Lucia; Prihodova, Lucia; O'Leary, Caoimhe; Breen, Rachel; Carroll, Áine; Walsh, Cathal; McMahon, Geraldine; White, Barry |

## VERSION 1 – REVIEW

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| **REVIEWER** | MENDERES TARCAN<br>ESKISEHIR OSMANGAZI UNIVERSITY TURKEY |
| **REVIEW RETURNED** | 25-Dec-2017 |

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| **GENERAL COMMENTS** | 1. Author/s should explain limitations for this study.<br>2. Discussion and conclusion section should be revised and improved.<br>3. Manuscript should be make proofreading before publication.<br>4. Abstract should be revised and improved.<br>This study was well conducted and planned. |

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| **REVIEWER** | Wendy Kersemaekers<br>Radboudumc Center for Mindfulness Department of Psychiatry<br>Radboud university medical center Nijmegen The Netherlands |
| **REVIEW RETURNED** | 15-Mar-2018 |

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| **GENERAL COMMENTS** | 1. Research question<br>The research question and objectives/aim differ between the different sections (abstract, introduction, methods, and discussion and are not in line with the topic list, results, conclusions. These should be aligned and written in terms of experiences f.i. experienced impact instead of effectiveness.<br><br>2. Abstract<br>Objectives: Aim and objectives should be aligned with each other and with results, conclusions, topic list and discussion, and should be written in terms of experiences, as it is a qualitative study.<br><br>Design, too limited info, combine with methods<br>Participants: more info required, age, gender, type of work, how selected<br>Results: too general, the four main themes are more categories (some of which are the objectives of the study), themes are missing. With regard to the theme 'the need for programme', which research question or objective is addressed by this theme?<br><br>Conclusion: Should be limited to experiences, not effectiveness (this requires other types of research). This is a qualitative study. |

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| | 3. Methods<br>MM programme:<br>Line 14: Over what time period<br>Line 17: What is discussion of prescribed text (what texts?) and meaning of health care. As this is a relatively unknown programme, some more details are needed here. Suggest to add info on the program as supplementary materials, if possible, or to add a reference for more background.<br><br>Add what the relation of the trainers is with the research group<br><br>Design<br>Start with design<br>Line 30: Another new objective: Feedback on programme delivery (is not in topic list)?<br><br>I do not see questions on feasibility in the topic list (only feasibility of meditation practice). Same for necessity of such a program.<br>When did the interview take place in relation to timing of the training?<br><br>Table 1: feasibility of program is not in topic list, so the objective should be changed into experienced feasibility of practicing meditation.<br>What is meant by effect on others? Others who participated in the training? Where do the authors report the results regarding these topics?<br><br>Participants<br>How were participants recruited for the MM programme? How many work there, how many were interested in participation, how could they subscribe? Was participation was voluntary?<br>How were participants selected for the interviews, if spontaneously, please mention that. Do the authors have info on participants who were not interviewed? Why were they not interviewed? What was the procedure here?<br>What is AHP, more info required on number of participants in different occupations.<br>Why only 10 interviewed?<br><br>Data analysis<br>How was the coding done, and the definition of themes? Who participated in this?<br>More info required on researchers who did the analysis, f.i. what are the backgrounds of the researchers involved in coding and analysing the data, what were expectations etc.<br><br>10. Results<br>How many participants completed the program (did all 17 attend all sessions)?<br>Nothing mentioned on saturation, what was the reason to stop interviewing after 10, was saturation reached?<br>What the authors describe as themes are actually categories to me, representing some of the research objectives. This reads as if we ask about these topics, and the results represent these topics. What I read is that the interviews are rich of information, but the description remains superficial and can be described more in depth, by defining themes (and subthemes) that arise from the data. I would expect themes around these categories, such as better |

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| | coping with stress, improved awareness, emotion regulation for the category 'impact on self'. With regard to impact on others – if that is not in the data this should specifically mentioned, because the authors specifically asked for this. However, I do see this in the data, f.i. in the recovery quote (line 43) and the text below that. With regard to 'feasibility of meditation practice' themes can be divided into barriers and facilitators, with 'need for continuous support' or 'meditation in group' as possible be subthemes.<br>The need for programme is seen as a theme, but this result is not clearly related to the research questions/objectives. If included, I wold expect themes like workressure, perceived stress, emotional strain etc.<br><br>11. Discussion<br>Lines 4 and 5: another new objective comes in here: developing an MM training programme? The authors are unclear as to the objectives, which makes the whole article hard to read.<br>I cannot agree with lines 17-20, that the data offer a compelling argument for the implementation of an MM programme. At most, it shows that among those interviewed, there may be a need for an intervention that help staff to cope with the challenges of their work. This is likely a selected group of participants, not representative of all ED staff. Larger and quantitative research would be needed to say something about the magnitude of this problem. Also, this study describes experienced impacts of the training among a part of the participants, based on which you cannot conclude that this MM training should be implemented for all. It is even specifically mentioned that this fits some, but not all. This requires far more careful wording.<br>If many did not practice, and did experience benefits, you should discuss the necessity of practicing at home, or the minimal duration of practice needed.<br>Line 21: what interesting questions?<br>Line 37: what active discussion?<br>Line 20: How do the data compare to other qualitative and quantitative data on meditation programs among healthcare staff? What was known, what is new? The results should be discussed in the context of other stress reduction programs.<br>The discussion requires restructuring, in which the limitations should be more prominently discussed.<br><br>12. Strengths and limitations<br>Lines 26-27: should also be mentioned in methods<br>Lines 31-36: feasibility, based on what? This cannot be concluded and should not be under strengths and limitations. How can this be applied in other hospital settings with this limited info on the contents of the training?<br>Add limitations: small number of subjects, selective group of participants (training: most stressed? Interviews: most enthousiastic about program? No info on adherence to program in relation to experienced benefits. (see also under 11.)<br>Lines 38-46): This paragraph is too vague, please specify what further research is required and why. As this is the first MM program in this setting, and in order to be able say something about effectiveness and feasibility, rigorous quantitative studies are required, preferably randomized (waitlist) controlled, although I know how tough that is in this population. Also feasibility and implementation can be investigated quantitatively. Qualitative research can also help defining what to measure quantitatively.<br>Given the unclarity with regard to the objectives, the quaestion |

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| | remains:'why did the authors conduct this study, with what next steps in mind? And now when seeing the data, what should be the next step? The objective of codevelopment of a program is completely different from evaluating a program. The authors should clarify this.<br><br>Conclusion<br>More careful wording is required, only a small, possibly selective group of participants, was investigated. This is a qualitative study which gives some insights in themes around possible need, experienced benefits, etc among these participants, but not on how necessary a program like this is, nor on the effectiveness.<br><br>13. Supplementary reporting<br>No reference is made to the COREQ criteria (Tong et al.) nor Standards for Reporting on Qualitative Research (O'Brien et al.), and some of these items are missing.<br>It would be helpful to apply supplementary material on the training contents. |

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| **REVIEWER** | Niko Kohls<br>University of Applied Sciences Coburg, Germany |
| **REVIEW RETURNED** | 22-Mar-2018 |

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| **GENERAL COMMENTS** | This is an interesting study investigating the consequences of mantra meditation in medical personnel working in an emergency department with qualitative interviews. While I find the approach interesting and certainly timely, there is lack of clarity about why the mantra meditation has been introduced to this department and how distressed the personnel actually is. The program itself is also not described in detail, making it difficult to contextualize the reported conseqeunces.<br>On age 5 the authors write: "The qualitative methodology described here also offered the most appropriate platform upon which to explore staff wellbeing as it is currently perceived." I would question this statement as I would consider a mixed-method approach combining quantitative and qualitative methods as the best option available for the time being.<br>With regard to recruitment on Page 7: It is not clear to me how and why 17 members of the ED staff where enrolled and if that group can be seen as representative for all the ED staff (e.g. with regard to gender, function). Furthermore, it is only stated that 10 participants were invited / recruited for an interview. Are these representative for the meditation group or is there a potential selection bias? This questions can be answered without having to unravel more sociodemographic information so as to protect participants' anonymity.<br>Additionally, I wonder if only positive but also negative effects have been reported by the interviewees. If not could this be seen a consequence of the questions (i.e. only asked about positive consequences)?<br>In the discussion, mantra meditation is presented as a promising approach for health promotion among emergency department staff, but other interventions are neither mentioned nor compared with regard to their suitability. |

**VERSION 1 – AUTHOR RESPONSE**

**Reviewer 1**
**Name:** Menderes Tarcan
**Institution and Country:** Eskisehir Osmangazi University, Turkey
**Please state any competing interests or state 'None declared':** None

| Reviewer 1 Comments | Response |
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| Author/s should explain limitations for this study | Thank you for your comments. The limitations section has been extensively revised and expanded. |
| Discussion and conclusionsection should be revised and improved. | Discussion and conclusion section have been revised extensively, as per Reviewer 2 and 3's recommendations. |
| Manuscript should be make proofreading before publication. | We have revised and proofread our manuscript extensively prior to resubmission. |
| Abstract should be revised and improved. | Abstract has been revised, as per Reviewer 2's recommendations. |

**Reviewer 2**
**Reviewer Name:** Wendy Kersemaekers
**Institution and Country:** Radboud UMC Center for Mindfulness, Department of Psychiatry, Radboud University Medical Center Nijmegen, The Netherlands
**Please state any competing interests or state 'None declared':** None declared

| Reviewer 2 Comments | Response |
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| Research Question: The research question and objectives/aim differ between the different sections (abstract, introduction, methods, and discussion) and are not in line with the topic list, results, conclusions. These should be aligned and written in terms of experiences f.i. experienced impact instead of effectiveness. | Thank you for such a detailed and helpful review, we have addressed all of your points and believe that it has greatly improved the quality of the manuscript. We apologise for the inconsistency in the reporting of study objectives in the manuscript. Our sole objective was to harness ED staff's experience of a mantra meditation programme and this is now clearly evident across all sections of the manuscript. |
| Abstract: Aim and objectives should be aligned with each other and with results, conclusions, topic list and discussion, and should be written in terms of experiences, as it is a qualitative study. | As above, this inconsistency has been rectified. In addition, statements of effectiveness have been re-written in terms of participant experience. |
| Abstract: Design, too limited info, combine with methods | BMJ Open require structured abstracts with design and methods as separate headings, but we are more than happy to adapt this should the editors request. |
| Abstract: Participants: more info required, age, gender, type of work, how selected | More information has now been provided on the participants in the abstract, including *n*, gender breakdown, age, type of professional roles and that they volunteered to participate. |
| Abstract: Results too general, the four main themes are more categories (some of which are the objectives of the study), themes are missing. With regard to the theme 'the need for programme', which research question or objective is addressed by this theme? | Thank you for your advice and guidance on restructuring the themes. The results of this study have been adapted to reflect important themes that arose out of the interviews. |
| Abstract: Conclusion should be limited to experiences, not effectiveness (this requires | We agree and apologise for overstating conclusions of the research. These statements |

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| other types of research). This is a qualitative study. | have been modified across the manuscript, and reflect only participants' experiences of the programme. |
| Methods: MM programme, Line 14: Over what time period? | We haveclarified the programme consisted of four sessions delivered over the course of six weeks. |
| Methods: Line 17: What is discussion of prescribed text (what texts?) and meaning of health care. As this is a relatively unknown programme, some more details are needed here. Suggest to add info on the program as supplementary materials, if possible, or to add a reference for more background. | We have included an overview of the module in supplementary material. Readers are referred to this file for more detailed information on the prescribed texts and topics related to the meaning of healthcare. |
| Methods: Add what the relation of the trainers is with the research group | Thank you for highlighting this important area requiring clarification. We have clarified that trainers/facilitators contributed to the design of the programme, but were excluded from the process of data analysis and interpretation in order to mitigate against bias. |
| Methods: Start with design | The method section now starts with 'Design'. |
| Methods: Line 30: Another new objective: Feedback on programme delivery (is not in topic list)? | Thank you for pointing out this inconsistency, this has been removed. |
| Methods: I do not see questions on feasibility in the topic list (only feasibility of meditation practice). Same for necessity of such a program. | We apologise for this discrepancy, and have removed such terms to avoid confusion. It is clarified throughout the manuscript that the primary objective of the study was to harness participants' experiences of the mantra meditation programme. |
| Methods: When did the interview take place in relation to timing of the training? | This is a valid point, thank you for bringing it to our attention. It has been clarified that the interviews took place within eight weeks of the final session of the mantra meditation programme. |
| Methods: Table 1: feasibility of program is not in topic list, so the objective should be changed into experienced feasibility of practicing meditation. | As above, feasibility of programme was not the aim/objective of the study which has been clarified in the revised manuscript. |
| Methods: What is meant by effect on others? Others who participated in the training? Where do the authors report the results regarding these topics? | The impact of the meditation programme on others was intended to refer to all other individuals in the department including patients, other participants of the programme, and those who did not attend the programme. While this was included as one of the interview topics to stimulate discussion around the impact of the programme, there was insufficient feedback on this topic to include as a theme. This has now been referred to in the discussion section, with the recommendation that further research exploring the wider implications of meditation is warranted. |
| Methods: How were participants recruited for the MM programme? How many work there, how many were interested in participation, how could they subscribe? Was participation was voluntary? | Participants were recruited for the MM programme as part of a larger randomised controlled trial, this has now been clarified in the 'Design' section of the methods. We have clarified that participation in the interviews was voluntary. All participants were invited to interview, the ten who volunteered were then interviewed. Given the total sample size, we |

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| | considered ten as an appropriate sample size for a qualitative study and that after completing ten interview, data saturation was achieved. This has been clarified in the revised text. Those who did not volunteer to interview were not interviewed, in line with the study's ethics application. Further information as to why they did not wish to interview was not sought. |
| Methods: What is AHP, more info required on number of participants in different occupations. | AHP stands for allied health professional, which was written out in full in the introduction. Further information on the number of participants in different occupations was not reported in order to adhere to the ethics of anonymity. |
| Methods: Why only 10 interviewed? | Out of the 17 who were invited, only 10 volunteered to interview. In line with our ethics, we did not invite to interviews those who did not wish to be interviewed. Additionally, after the completion of the ten interviews, data saturation was achieved. |
| Methods: How was the coding done, and the definition of themes? Who participated in this? More info required on researchers who did the analysis, f.i. what are the backgrounds of the researchers involved in coding and analysing the data, what were expectations etc. | Coding and definition of themes was completed as per Braun and Clarke's thematic analysis methodology, which is referenced. We have now clarified the authors that participated in the data analysis process by use of initials. Further information has been provided on the researchers who carried out the analysis with regards to training, expectations, etc. |
| Methods: How many participants completed the program (did all 17 attend all sessions)? | We have clarified specific attendance rates over the course of the programme. |
| Methods: Nothing mentioned on saturation, what was the reason to stop interviewing after 10, was saturation reached? | Only ten volunteered to interview, and as per our ethics, we did not interview those who did not volunteer to interview. We also felt that ten participants was an appropriate sample size for a qualitative piece of research and that upon completion of the interviews, that data saturation was achieved. This information has now been included in the methodology. |
| Results: What the authors describe as themes are actually categories to me, representing some of the research objectives. This reads as if we ask about these topics, and the results represent these topics. What I read is that the interviews are rich of information, but the description remains superficial and can be described more in depth, by defining themes (and subthemes) that arise from the data. I would expect themes around these categories, such as better coping with stress, improved awareness, emotion regulation for the category 'impact on self'. With regard to impact on others – if that is not in the data this should specifically mentioned, because the authors specifically asked for this. However, I do see this in the data, f.i. in the recovery quote (line 43) and the text below that. With regard to 'feasibility of meditation practice' themes can be divided into barriers and facilitators, with 'need for continuous support' or 'meditation in group' as possible be | Thank you for this very helpful feedback. We extensively revised our results section and to align clearly with the objective of the study. With regards to the question on 'impact on others' in the topic guide, this was solely intended to facilitate discussion with each participant about their perceptions of the meditation programme. It is not identified as a theme within itself, but is evident throughout other themes and subthemes. |

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| subthemes. The need for programme is seen as a theme, but this result is not clearly related to the research questions/objectives. If included, I would expect themes like work pressure, perceived stress, emotional strain etc. | |
| Discussion: Lines 4 and 5: another new objective comes in here: developing an MM training programme? The authors are unclear as to the objectives, which makes the whole article hard to read. | We apologise for this discrepancy, and as outlined above, have ensured that the objective of the study is now clear and consistent across the whole manuscript. |
| Discussion: I cannot agree with lines 17-20, that the data offer a compelling argument for the implementation of an MM programme. At most, it shows that among those interviewed, there may be a need for an intervention that help staff to cope with the challenges of their work. This is likely a selected group of participants, not representative of all ED staff. Larger and quantitative research would be needed to say something about the magnitude of this problem. Also, this study describes experienced impacts of the training among a part of the participants, based on which you cannot conclude that this MM training should be implemented for all. It is even specifically mentioned that this fits some, but not all. This requires far more careful wording. | We agree and we have ensured that the wording reflects participants' experiences only. This qualitative research was conducted in parallel to a randomised controlled trial which speaks to the magnitude of the problem, and this has now been referred to in the methodology. While the group of participants who interviewed volunteered to do so, we believe that ten out of seventeen participants is quite a favourable response rate, especially as they were representative of the ED team in age profession and experience.<br>We agree that MM cannot be recommended for all and revised the manuscript to address the need for implementation of well-being interventions for ED staff, rather than specifically mantra meditation. We believe this statement is warranted given the qualitative feedback on current ED working conditions. |
| Discussion: If many did not practice, and did experience benefits, you should discuss the necessity of practicing at home, or the minimal duration of practice needed. | Agree, we have further elaborated this section in the discussion to include the recommendation that future research should explore the minimal duration of meditation practice required in order to elicit positive outcomes. |
| Discussion: Line 21: what interesting questions? | We have rephrased this sentence to avoid confusion. We wanted to highlight the fact that time to engage in such wellbeing interventions will be a challenge to researchers working with such a busy population. |
| Discussion: Line 37: what active discussion? | Active discussion in relation to addressing the lack of self-care training in HCPs – but we appreciate this was unclear and this sentence has now been removed in the revision of the discussion section. |
| Discussion: Line 20: How do the data compare to other qualitative and quantitative data on meditation programs among healthcare staff? What was known, what is new? The results should be discussed in the context of other stress reduction programs. | We have now referenced linked to other qualitative and quantitative studies on meditation programmes for HCPs earlier in the discussion. We have highlighted that our findings support earlier work carried out in this area, but also contribute some novel ideas to the literature regarding feasibility of such a programme in a hospital setting. |
| Discussion: The discussion requires restructuring, in which the limitations should be more prominently discussed. | We agree with the reviewer that the limitation section needs further discussion. The way in which we did this is addressed in the below comments/responses. |
| Discussion: Lines 26-27: should also be mentioned in methods | We have updated the methodology section to clarify that the researchers who analysed the |

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| | data were unknown to the participants and independent to the MM programme, as per earlier comment. |
| Discussion: Lines 31-36: feasibility, based on what? This cannot be concluded and should not be under strengths and limitations. How can this be applied in other hospital settings with this limited info on the contents of the training? | We agree and have removed this comment. We have provided further information on the contents of the training in the supplementary material, as referred to in the methodology section. |
| Discussion: Add limitations: small number of subjects, selective group of participants (training: most stressed? Interviews: most enthusiastic about program? | We have now included greater detail in the limitations section, drawing attention to the small sample size and the fact that those who volunteered to interview may have been more enthusiastic. |
| Discussion: No info onadherence to program in relation to experienced benefits (see also under 11) | Information on adherence to programme has now been included in methodology, as per earlier comment. In addition to this, the need to further research the minimal amount of meditation practice required in order to elicit positive benefits has been highlighted in the discussion section. |
| Discussion: Lines 38-46: This paragraph is too vague, please specify what further research is required and why. | This reference to further research is now directly related to the previous sentence – clarifying that further research on the impact of the programme on others is warranted, which could lead to interesting insights on the impact of the programme on patient safety and quality of care. |
| Discussion: As this is the first MM program in this setting, and in order to be able say something about effectiveness and feasibility, rigorous quantitative studies are required, preferably randomized (waitlist) controlled, although I know how tough that is in this population. Also feasibility and implementation can be investigated quantitatively. Qualitative research can also help defining what to measure quantitatively. Given the unclarity with regard to the objectives, the question remains: 'why did the authors conduct this study, with what next steps in mind? And now when seeing the data, what should be the next step? The objective of co-development of a program is completely different from evaluating a program. The authors should clarify this. | We agree with the reviewer that qualitative data cannot sufficiently speak to the effectiveness and feasibility of an intervention, we have now tempered down such statements. The mantra meditation programme upon which interviews are based is the basis of a large, rigorous, randomised waitlist controlled trial that we have conducted, which can more reasonably speak to the effectiveness and feasibility of the programme. We have now mentioned in the manuscript that this qualitative piece of research is part of the larger trial. We are unable to provide a full reference for this, as the data is not yet published. However, we have referenced the protocol for the clinical trial and hope this is sufficient. We felt that it was important to complement this piece of quantitative work, with some qualitative data which provided more in-depth insights into the ED staffs' experience of such a programme in their work setting. The revised manuscript has clarified the objectives of this paper more clearly. |
| Conclusion: More careful wording is required, only a small, possibly selective group of participants, was investigated. This is a qualitative study which gives some insights in themes around possible need, experienced benefits, etc. among these participants, but not on how necessary a program like this is, nor on the effectiveness. | We agree with the reviewer's feedback and have modified this section. |
| Supplementary: No reference is made to the COREQ criteria (Tong et al.) nor Standards for | We have now included the COREQ checklist as supplementary material. |

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| Reporting on Qualitative Research (O'Brien et al.), and some of these items are missing. | |
| Supplementary: It would be helpful to apply supplementary material on the training contents. | The training contents of the mantra meditation programme has now been provided in supplementary material. |

**Reviewer:** 3
**Reviewer Name:** Niko Kohls
**Institution and Country:** University of Applied Sciences Coburg, Germany
**Please state any competing interests or state 'None declared':** None

| Reviewer 3 Comments | Response |
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| This is an interesting study investigating the consequences of mantra meditation in medical personnel working in an emergency department with qualitative interviews. While I find the approach interesting and certainly timely, there is lack of clarity about why the mantra meditation has been introduced to this department and how distressed the personnel actually is. The program itself is also not described in detail, making it difficult to contextualize the reported consequences. | We have now detailed in the methodology that this mantra meditation programme was introduced to the department as part of a larger randomised controlled trial. The introduction outlines that emergency department staff have the highest percentage of burnout of over 25 different healthcare specialities, thus pointing to the need to target this particular population. While we have quantitative information available from the trial regarding how distressed the personnel are, we do not feel it is appropriate to report these figures as it is a qualitative study. We cannot provide a full reference for this RCT manuscript, as it has not yet been published. However, we have referenced the protocol for the clinical trial and hope this is sufficient. As per Reviewer 2's comments, we have now included further detail on the content of the programme, both in the methodology, and as additional supplementary material. |
| On page 5 the authors write: "The qualitative methodology described here also offered themost appropriate platform upon which to explore staff wellbeing as it is currently perceived." I would question this statement as I would consider a mixed-method approach combining quantitative and qualitative methods as the best option available for the time being. | We acknowledge that this sentence may be an overstatement, and have withdrawn it. |
| With regard to recruitment on Page 7: It is not clear to me how and why 17 members of the ED staff where enrolled and if that group can be seen as representative for all the ED staff (e.g. with regard to gender, function). Furthermore, it is only stated that 10 participants were invited / recruited for an interview. Are these representative for the meditation group or is there a potential selection bias? This questions can be answered without having to unravel more sociodemographic information so as to protect participants' anonymity. | We have now clarified in the text that 17 members of ED staff were enrolled onto the mantra meditation programme as part of a larger randomised controlled trial. We have clarified that the 17 individuals made up approx. 10% of the department and were widely representative of the roles and gender breakdown of the department, to give the reader an idea of how representative the sample is. To avoid confusion, we have clarified that all 17 were invited to interview and that 10 volunteered. |
| Additionally, I wonder if only positive but also negative effects have been reported by the interviewees. If not could this be seen a consequence of the questions (i.e. only asked about positive consequences)? | As per the topic guide, we ensured that the open-ended questions were not positively worded, and were as neutral as possible to avoid bias in participants' responses. Participants freely discussed the frustrations |

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| | and difficulties they experienced both with their current working conditions, and with the practice. The results section has been extensively restructured, as per reviewer 2's comments, and now the findings reflect such frustrations and difficulties more clearly. |
| In the discussion, mantra meditation is presented as a promising approach for health promotion among emergency department staff, but other interventions are neither mentioned norcompared with regard to their suitability. | We agree with the reviewer that other interventions that may be beneficial to healthcare staff should be mentioned. Within the discussion, we now refer to other approaches described in the literature to tackle burnout and stress, for example mindfulness meditation and yoga interventions and recommend that future research compares the MM programme against previously validated interventions. |

**VERSION 2 – REVIEW**

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| **REVIEWER** | Wendy M. Kersemaekers<br>Radboudumc Center for Mindfulness, DEpartment of Psychiatry, Radboudumc Nijmegen, The Netherlands |
| **REVIEW RETURNED** | 03-May-2018 |

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| **GENERAL COMMENTS** | 1. Research question/objective<br>This is now far more consistent throughout the paper. However, the topic list and thematic analysis addresses more than experience and perceived impact of the programme, in particular work pressure and stress does not relate to this question (authors call this 'overview of ED working environment' in the conclusion). Same but to a lesser extent, this holds true for facilitators and barriers to practice. So either choose to address this/these in the research question, or leave these out of the analysis.<br><br>2. Abstract<br>The conclusion in the abstract is not supported by the data. You cannot conclude about ED staff in general, and stress reduction has not been reported upon, should be coping with stress I assume. I do not think the data support the conclusion that this is feasible.<br><br>4. Methods<br>Participants<br>It is still not clear how participants were recruited for the MM programme. It is clear that they were participating in an RCT, but how many in total participated in the programme, was participation in the MM programme voluntary, did they have to pay for participation, was it delivered during working hours?<br>Also, how were these 17 selected from the larger RCT group for the interviews, why were these invited, was purposive sampling applied?<br><br>With regard to comparing attendance rates between those who were willing to be interviewed and not, please add the number of sessions attended per group (10 vs 7) so that the readers can judge themselves whether this is different. Statistical significance (if that is meant) is irrelevant with these small numbers.<br><br>Data analysis<br>Thank you for adding more details on the data analysis procedure. I |

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| | could not find the backgrounds of the researchers in the method section.<br><br>8. References<br>There is so much literature on mindfulness in HCPs, w/r to qualitative research even a review exists (Morgan et al. 2015). The authors should at least refer to this context.<br><br>9 and 10. Results<br>Although this section has improved, I still have issues with the way the data are presented.<br>As mentioned under research question, some themes fall outside the scope of the research question.<br>In addition, some of the themes come very close to the questions from the topic list. F.i. 'perceived benefits' is clearly related to the impact of meditation program on self, the theme 'barriers' comes from the question 'can you tell me about external/internal challenges to practicing meditation', 'facilitators' from what would help you to maintain meditation practice. This a well known pitfall of thematic analysis Braun and Clarke (2006) that should be avoided.<br><br>Further, I find the themes very broad, f.i. awareness and attention, and emotion regulation and coping mechanisms. In contrast, the theme sleep is very specific. While reading the quotes, I would think more in depth definition of themes and subthemes should be considered.<br><br>Although extremely relevant, the conflicting attitudes theme is confusing to me. Why is the first subtheme not named? The feeling of guilt, the experienced lack of time or felt responsibility related to the role/occupation is present in both subthemes. This overlap is also present in the text, the quote in line 51 fits well with the sentence below in line 54 introducing the next subtheme. It can be considered to include these (sub)themes can also be seen as the barriers to practice or to the programme.<br><br>No data are reported on the impact of meditation program on others. As this is specifically asked for, please add some text in the results section on the absence of sufficient data around this in the results section.<br><br>11. Discussion and Conclusion<br>Page 19 lines 18-21 regarding the effects on others should be moved to earlier in the discussion where the results are discussed. The absence of these data despite asking for it this deserves some discussion.<br><br>Where does the statement come from on page 18 lines 6-7, on those with an all or 'nothing attitude'.<br><br>The conclusion on page 20 is now far more carefully worded, but very general. In my view only the last sentence of the conclusion is based on a result from the study (organisational support), the rest could have been written before the study.<br><br>12. Limitations<br>This should at least contain self selection of participants (to the training and to the interviews), which limits the extrapolation of results to others. |

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| **REVIEWER** | Niko Kohls<br>University of Appled Sciences and Arts Coburg, Germany |
| **REVIEW RETURNED** | 08-May-2018 |

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| **GENERAL COMMENTS** | nice review job - congratulations! |

## VERSION 2 – AUTHOR RESPONSE

**Reviewer**: 2
**Reviewer Name**: Wendy M. Kersemaekers
**Institution and Country**: Radboudumc Center for Mindfulness, DEpartment of Psychiatry, Radboudumc Nijmegen, The Netherlands
**Please state any competing interests or state 'None declared':** None declared

**Please leave your comments for the authors below**
Thank you for your extensive revisions. Although I find the topic highly relevant, and the manuscript has improved, I still have some major concerns with the manuscript. Please find below my comments.

1. Research question/objective
This is now far more consistent throughout the paper. However, the topic list and thematic analysis addresses more than experience and perceived impact of the programme, in particular work pressure and stress does not relate to this question (authors call this 'overview of ED working environment' in the conclusion). Same but to a lesser extent, this holds true for facilitators and barriers to practice. So either choose to address this/these in the research question, or leave these out of the analysis.
Response: Thank you for your comment. We have chosen to modify the research question rather than exclude the entire theme out of the analysis, as we have set out to also explore the work experience for such a programme in healthcare professionals. The theme was immensely prevalent and provides a very important insight into HCPs perception of the emergency department working environment and consequently the need for intervention. The research question has now been rephrased throughout the manuscript to reflect the primary objective (to harness participants' experience and perceived impact of the programme) and secondary objective (to harness participants' perception of their working environment) of the study. The themes reflecting the facilitators and barriers fall very clearly under the primary objective of harnessing participants' experience of the programme - by gathering information about how ED staff experienced mantra meditation, it naturally gives rise to discussions around what was useful and what was not/what helped and what did not.

2. Abstract
The conclusion in the abstract is not supported by the data. You cannot conclude about EDstaff in general, and stress reduction has not been reported upon, should be coping with stress I assume. I do not think the data support the conclusion that this is feasible.
Response: The conclusion in the abstract has been revised to accurately reflect the research question and the findings. 'Stress reduction' has been removed, and replaced with the correct terminology of 'coping with stress', as per one of the subthemes. The statement that the programme is feasible has been removed. We now refer to the 'ED staff in this study', rather than generalising to ED staff as a whole. Rather than referring to effectiveness, the conclusion of the abstract now clearly reports on participants' experiences and opinions of the programme. The conclusion in the abstract now reads as follows:
***Conclusion:*** *ED staff in this study described the demands of their work and voiced a need for a workplace wellbeing programme. Our findings suggest that MM might represent a viable tool to develop attention and awareness, improve emotion regulation and improve their capacity to cope with stress, which may impact their workplace wellbeing, wider health service, patient safety and quality of care. Support from the organisation is considered to be integral to embedding of a workplace wellbeing programme such as the practice of meditation into their daily lives.*

4. Methods
Participants

It is still not clear how participants were recruited for the MM programme. It is clear that they were participating in an RCT, but how many in total participated in the programme, was participation in the MM programme voluntary, did they have to pay for participation, was it delivered during working hours? Also, how were these 17 selected from the larger RCT group for the interviews, why were these invited, was purposive sampling applied?
Response: It has now been further clarified that the group of 17 individuals who were invited to participate in the qualitative study made up the intervention group of the RCT. It was not purposive sampling, everyone was invited to participate, and only ten agreed to participate. A sentence has been included providing further information on the fact that participation in the programme was voluntary, free of charge and the programme was delivered during working hours.

With regard to comparing attendance rates between those who were willing to be interviewed and not, please add the number of sessions attended per group (10 vs 7) so that the readers can judge themselves whether this is different. Statistical significance (if that is meant) is irrelevant with these small numbers.
Response: The word 'significantly' has been replaced with 'substantially'. As the numbers in each group are not equal it is not appropriate to compare the precise number of sessions attended per group. Hence, the mean attendance rate of those who agreed to interview and those who did not is provided (65% vs 65.63%, respectively).

Data analysis
Thank you for adding more details on the data analysis procedure. I could not find the backgrounds of the researchers in the method section.
Response: We are unsure what kind of information the reviewer is requesting; the researchers come from a wide variety of backgrounds. We have now included a brief sentence stating that the research team was multi-disciplinary and the researchers involved in data analysis had a background in psychology.

8. References
There is so much literature on mindfulness in HCPs, w/r to qualitative research even a review exists (Morgan et al. 2015). The authors should at least refer to this context.
Response: Thank you for drawing our attention to this review. For the purpose of this research, we have focused on referencing literature relating to mantra meditation in HCPs, rather than mindfulness. Having said that, we have now included reference to this interesting review in our introduction section, highlighting that such qualitative synthesis of mindfulness programmes in HCPs has been conducted, thus it is timely to do the same with mantra meditation.

9 and 10. Results
Although this section has improved, I still have issues with the way the data are presented.
As mentioned under research question, some themes fall outside the scope of the research question. In addition, some of the themes come very close to the questions from the topic list. F.i. 'perceived benefits' is clearly related to the impact of meditation program on self, the theme 'barriers' comes from the question 'can you tell me about external/internal challenges to practicing meditation', 'facilitators' from what would help you to maintain meditation practice. This a well known pitfall of thematic analysis Braun and Clarke (2006) that should be avoided.
Response: As per comment above, the research question has now been marginally revised to more accurately represent the data. We understand where the reviewer might perceive some overlap between probing questions in the topic guide and the reported themes. However, while the topic guide was indeed used to guide the interviews, the themes presented in the results emerged consistently throughout all of the questions in all of the interviews, and not just in response to certain probing questions from the topic guide, i.e. "can you tell me about the external/internal challenges to practicing meditation". To clarify this with our readers, we have elaborated on this in the discussion section.

Further, I find the themes very broad, f.i. awareness and attention, and emotion regulation and coping mechanisms. In contrast, the theme sleep is very specific. While reading the quotes, I would think more in depth definition of themes and subthemes should be considered.
Response:Based on the initial review we have a) extensively revised and b) further broken down original themes, and as suggested we developed subthemes from our existing themes. We feel that further breaking down our subthemes at this point risks leaving the results fragmented and bitty.

Based on this comment, we have amended the names of the identified subthemes: 'increased attention and awareness' reflects a development of mindful attributes and were often cited together in interviews. Similarly, 'improved emotion regulation and new coping skills' reflects a development in capacity for managing emotions and stress, and fit well together. Finally, the theme 'relaxation and sleep quality' showed the overall effect of MM practice outside the workplace setting.

Although extremely relevant, the conflicting attitudes theme is confusing to me. Why is the first subtheme not named? The feeling of guilt, the experienced lack of time or felt responsibility related to the role/occupation is present in both subthemes. This overlap is also present in the text, the quote in line 51 fits well with the sentence below in line 54 introducing the next subtheme. It can be considered to include these (sub)themes can also be seen as the barriers to practice or to the programme.
Response: While we understand the suggestion to further bre break down 'Conflicting Attitudes to Practice' into subthemes, after careful consideration we decided to keep it remained as a single standalone theme, as it presents as a more coherent theme as a whole, rather than breaking it down into various aspects of guilt or disappointment at irregularity of practice.
With regard to the quote in line 51, this was in reference to taking the time out to meditate when there were jobs to be completed at home, with the family, etc. so it was separated from the conflicting feeling of guilt felt when leaving colleagues short-staffed.
We have also considered collapsing 'Conflicting Attitudes to Practice' into the barriers theme, however upon careful deliberation, it was decided against. The potentially negative emotions and feelings that can arise when trying to meditate represent an important area of interest that requires further investigation and consideration when implementing a wellbeing intervention in a workplace setting. It is possible that it may be relevant to any type of individual wellbeing intervention, thus we are reluctant to collapse it into a theme that represents factors that may pose as barriers to ED staff meditating.

No data are reported on the impact of meditation program on others. As this is specifically asked for, please add some text in the results section on the absence of sufficient data around this in the results section.
Response: We have now included this in the Discussion section. This section in the discussion now reads as follows:
*It is notable that while the impact of the programme on others in the department (patients and working professionals alike) was included in the topic guide, participants did not elaborate on this in sufficient detail to be reflected in the thematic analysis. Participants seemed to find it easier to relate the answers of the questions directly to their own experiences, rather than speculating on the potential impact on other people.*

11. Discussion and Conclusion
Page 19 lines 18-21 regarding the effects on others should be moved to earlier in the discussion where the results are discussed. The absence of these data despite asking for it this deserves some discussion.
Response: as above.

Where does the statement come from on page 18 lines 6-7, on those with an all or 'nothing attitude'.
Response: We have used incorrect punctuation here, this is not a statement from one of the participants but rather just a turn of phrase in British English. We have now made this clearer in text. This is not a statement but rather a common turn of phrase in British English that is well recognised. We apologised for the incorrect punctuation w/r to the inverted commas. These have now been removed.

The conclusion on page 20 is now far more carefully worded, but very general. In my view only the last sentence of the conclusion is based on a result from the study (organisational support), the rest could have been written before the study.
Response: Thank you - based on the comments from the earlier revision, we were trying to ensure we were not overstating the results and perhaps were too general. We have now revised the conclusion extensively, ensuring that it provides clear and fair conclusions that directly relate to the research question and the data, that do not overstate the findings and represent participants' experience rather than effectiveness. Our conclusion now reads as follows:
*This study offers in-depth qualitative feedback on participants' experience of a MM programme and their perception of ED working conditions. The emergency department working environment as*

*conveyed by interviewees advocates a desire for such a programme of support for staff. More importantly, however, it supports and contextualises quantitative research that demonstrates concerning levels of burnout and stress in this particular occupational setting,[3 4] highlighting an urgent need for action. Participants' unique insight into their perception of the meditation practice suggests that by way of improved attention, awareness and coping skills, MM may have an extended impact on wider healthcare operations, including enhanced HCP-patient interaction, quality of care and patient safety. A flexible approach to length and regularity of meditation practice is of importance when attempting to integrate sustainable practice among HCPs in the ED. Finally, support from the organisation is not only necessary for sustained practice, but should be viewed as a strategic imperative.*

12. Limitations

This should at least contain self selection of participants (to the training and to the interviews), which limits the extrapolation of results to others.

Response: Our limitations section now makes reference to the fact that participation in both the programme and the interviews was entirely voluntary, presenting a self-selection bias that can limit the extrapolation of our findings.

**Reviewer**: 3
**Reviewer Name**: Niko Kohls
**Institution and Country**: University of Appled Sciences and Arts Coburg, Germany
**Please state any competing interests or state 'None declared'**: none

Please leave your comments for the authors below: nice review job - congratulations!
Response: Much appreciated, thank you!

**VERSION 3 – REVIEW**

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| **REVIEWER** | WM Kersemaekers<br>Radboudumc Nijmegen The Netherlands |
| **REVIEW RETURNED** | 26-Jun-2018 |

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| **GENERAL COMMENTS** | R2: Thank you very much for your revisions. I agree to publishing this manuscript now.<br><br>1. Research question/objective<br>This is now far more consistent throughout the paper. However, the topic list and thematic analysis addresses more than experience and perceived impact of the programme, in particular work pressure and stress does not relate to this question (authors call this 'overview of ED working environment' in the conclusion). Same but to a lesser extent, this holds true for facilitators and barriers to practice. So either choose to address this/these in the research question, or leave these out of the analysis.<br>Response: Thank you for your comment. We have chosen to modify the research question rather than exclude the entire theme out of the analysis, as we have set out to also explore the work experience for such a programme in healthcare professionals. The theme was immensely prevalent and provides a very important insight into HCPs perception of the emergency department working environment and consequently the need for intervention. The research question has now been rephrased throughout the manuscript to reflect the primary objective (to harness participants' experience and perceived impact of the programme) and secondary objective (to harness participants' perception of their working environment) of the study. The themes reflecting the facilitators and barriers fall very clearly under the primary objective of harnessing participants' experience of the programme - by gathering information about how ED staff experienced mantra meditation, it naturally gives rise to discussions around what was useful and what was not/what helped and what did |

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| | not.<br><br>Response R2: I agree with this revision.<br><br>2. Abstract<br>The conclusion in the abstract is not supported by the data. You cannot conclude about EDstaff in general, and stress reduction has not been reported upon, should be coping with stress I assume. I do not think the data support the conclusion that this is feasible.<br>Response: The conclusion in the abstract has been revised to accurately reflect the research question and the findings. 'Stress reduction' has been removed, and replaced with the correct terminology of 'coping with stress', as per one of the subthemes. The statement that the programme is feasible has been removed. We now refer to the 'ED staff in this study', rather than generalising to ED staff as a whole. Rather than referring to effectiveness, the conclusion of the abstract now clearly reports on participants' experiences and opinions of the programme. The conclusion in the abstract now reads as follows:<br>Conclusion: ED staff in this study described the demands of their work and voiced a need for a workplace wellbeing programme. Our findings suggest that MM might represent a viable tool to develop attention and awareness, improve emotion regulation and improve their capacity to cope with stress, which may impact their workplace wellbeing, wider health service, patient safety and quality of care. Support from the organisation is considered to be integral to embedding of a workplace wellbeing programme such as the practice of meditation into their daily lives.<br><br>Response R2: Thank you, I agree with this conclusion now.<br><br>4. Methods<br>Participants<br>It is still not clear how participants were recruited for the MM programme. It is clear that they were participating in an RCT, but how many in total participated in the programme, was participation in the MM programme voluntary, did they have to pay for participation, was it delivered during working hours? Also, how were these 17 selected from the larger RCT group for the interviews, why were these invited, was purposive sampling applied?<br>Response: It has now been further clarified that the group of 17 individuals who were invited to participate in the qualitative study made up the intervention group of the RCT. It was not purposive sampling, everyone was invited to participate, and only ten agreed to participate. A sentence has been included providing further information on the fact that participation in the programme was voluntary, free of charge and the programme was delivered during working hours.<br><br>Response R2: Thank you<br><br>With regard to comparing attendance rates between those who were willing to be interviewed and not, please add the number of sessions attended per group (10 vs 7) so that the readers can judge themselves whether this is different. Statistical significance (if that is meant) is irrelevant with these small numbers.<br>Response: The word 'significantly' has been replaced with 'substantially'. As the numbers in each group are not equal it is not appropriate to compare the precise number of sessions attended per group. Hence, the mean attendance rate of those who agreed to |

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| | interview and those who did not is provided (65% vs 65.63%, respectively).<br><br>Response R2: Thank you, that is indeed very similar. Suggest to round off the 65.63%.<br><br>Data analysis<br>Thank you for adding more details on the data analysis procedure. I could not find the backgrounds of the researchers in the method section.<br>Response: We are unsure what kind of information the reviewer is requesting; the researchers come from a wide variety of backgrounds. We have now included a brief sentence stating that the research team was multi-disciplinary and the researchers involved in data analysis had a background in psychology.<br><br>Response R2: Thank you.<br><br>8. References<br>There is so much literature on mindfulness in HCPs, w/r to qualitative research even a review exists (Morgan et al. 2015). The authors should at least refer to this context.<br>Response: Thank you for drawing our attention to this review. For the purpose of this research, we have focused on referencing literature relating to mantra meditation in HCPs, rather than mindfulness. Having said that, we have now included reference to this interesting review in our introduction section, highlighting that such qualitative synthesis of mindfulness programmes in HCPs has been conducted, thus it is timely to do the same with mantra meditation.<br><br>Response R2: thank you.<br><br>9 and 10. Results<br>Although this section has improved, I still have issues with the way the data are presented.<br>As mentioned under research question, some themes fall outside the scope of the research question. In addition, some of the themes come very close to the questions from the topic list. F.i. 'perceived benefits' is clearly related to the impact of meditation program on self, the theme 'barriers' comes from the question 'can you tell me about external/internal challenges to practicing meditation', 'facilitators' from what would help you to maintain meditation practice. This a well known pitfall of thematic analysis Braun and Clarke (2006) that should be avoided.<br>Response: As per comment above, the research question has now been marginally revised to more accurately represent the data. We understand where the reviewer might perceive some overlap between probing questions in the topic guide and the reported themes. However, while the topic guide was indeed used to guide the interviews, the themes presented in the results emerged consistently throughout all of the questions in all of the interviews, and not just in response to certain probing questions from the topic guide, i.e. "can you tell me about the external/internal challenges to practicing meditation". To clarify this with our readers, we have elaborated on this in the discussion section.<br><br>Response R2: Thank you for this explanation and addition to the discussion. I can live with this solution. |

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| | Further, I find the themes very broad, f.i. awareness and attention, and emotion regulation and coping mechanisms. In contrast, the theme sleep is very specific. While reading the quotes, I would think more in depth definition of themes and subthemes should be considered.<br>Response:Based on the initial review we have a) extensively revised and b) further broken down original themes, and as suggested we developed subthemes from our existing themes. We feel that further breaking down our subthemes at this point risks leaving the results fragmented and bitty. Based on this comment, we have amended the names of the identified subthemes: 'increased attention and awareness' reflects a development of mindful attributes and were often cited together in interviews. Similarly, 'improved emotion regulation and new coping skills' reflects a development in capacity for managing emotions and stress, and fit well together. Finally, the theme 'relaxation and sleep quality' showed the overall effect of MM practice outside the workplace setting.<br><br>Response R2: thank you for your response and careful consideration.<br><br>Although extremely relevant, the conflicting attitudes theme is confusing to me. Why is the first subtheme not named? The feeling of guilt, the experienced lack of time or felt responsibility related to the role/occupation is present in both subthemes. This overlap is also present in the text, the quote in line 51 fits well with the sentence below in line 54 introducing the next subtheme. It can be considered to include these (sub)themes can also be seen as the barriers to practice or to the programme.<br>Response: While we understand the suggestion to further bre break down 'Conflicting Attitudes to Practice' into subthemes, after careful consideration we decided to keep it remained as a single standalone theme, as it presents as a more coherent theme as a whole, rather than breaking it down into various aspects of guilt or disappointment at irregularity of practice.<br>With regard to the quote in line 51, this was in reference to taking the time out to meditate when there were jobs to be completed at home, with the family, etc. so it was separated from the conflicting feeling of guilt felt when leaving colleagues short-staffed.<br>We have also considered collapsing 'Conflicting Attitudes to Practice' into the barriers theme, however upon careful deliberation, it was decided against. The potentially negative emotions and feelings that can arise when trying to meditate represent an important area of interest that requires further investigation and consideration when implementing a wellbeing intervention in a workplace setting. It is possible that it may be relevant to any type of individual wellbeing intervention, thus we are reluctant to collapse it into a theme that represents factors that may pose as barriers to ED staff meditating.<br><br>Response R2: thank you for your response and careful consideration. I understand and agree.<br><br>No data are reported on the impact of meditation program on others. As this is specifically asked for, please add some text in the results section on the absence of sufficient data around this in the results section.<br>Response: We have now included this in the Discussion section. This section in the discussion now reads as follows: |

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| | It is notable that while the impact of the programme on others in the department (patients and working professionals alike) was included in the topic guide, participants did not elaborate on this in sufficient detail to be reflected in the thematic analysis. Participants seemed to find it easier to relate the answers of the questions directly to their own experiences, rather than speculating on the potential impact on other people.<br><br>Response R2: Thank you for adding this.<br><br>11. Discussion and Conclusion<br>Page 19 lines 18-21 regarding the effects on others should be moved to earlier in the discussion where the results are discussed. The absence of these data despite asking for it this deserves some discussion.<br>Response: as above.<br><br>Where does the statement come from on page 18 lines 6-7, on those with an all or 'nothing attitude'.<br>Response: We have used incorrect punctuation here, this is not a statement from one of the participants but rather just a turn of phrase in British English. We have now made this clearer in text.<br>This is not a statement but rather a common turn of phrase in British English that is well recognised. We apologised for the incorrect punctuation w/r to the inverted commas. These have now been removed.<br><br>Response R2: Okay<br><br>The conclusion on page 20 is now far more carefully worded, but very general. In my view only the last sentence of the conclusion is based on a result from the study (organisational support), the rest could have been written before the study.<br>Response: Thank you - based on the comments from the earlier revision, we were trying to ensure we were not overstating the results and perhaps were too general. We have now revised the conclusion extensively, ensuring that it provides clear and fair conclusions that directly relate to the research question and the data, that do not overstate the findings and represent participants' experience rather than effectiveness. Our conclusion now reads as follows:<br>This study offers in-depth qualitative feedback on participants' experience of a MM programme and their perception of ED working conditions. The emergency department working environment as conveyed by interviewees advocates a desire for such a programme of support for staff. More importantly, however, it supports and contextualises quantitative research that demonstrates concerning levels of burnout and stress in this particular occupational setting,3 4 highlighting an urgent need for action. Participants' unique insight into their perception of the meditation practice suggests that by way of improved attention, awareness and coping skills, MM may have an extended impact on wider healthcare operations, including enhanced HCP-patient interaction, quality of care and patient safety. A flexible approach to length and regularity of meditation practice is of importance when attempting to integrate sustainable practice among HCPs in the ED. Finally, support from the organisation is not only necessary for sustained practice, but should be viewed as a strategic imperative.<br><br>Response R2: thank you, this is far more informative! |

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| | 12. Limitations<br>This should at least contain self selection of participants (to the training and to the interviews), which limits the extrapolation of results to others.<br>Response: Our limitations section now makes reference to the fact that participation in both the programme and the interviews was entirely voluntary, presenting a self-selection bias that can limit the extrapolation of our findings.<br><br>Response R2: Thank you. |